

# Report of Business Transfer (Sale/Acquisition/Reorganization)

Under Wisconsin's  
Unemployment Insurance (UI) Law

Division of Unemployment Insurance  
P.O. Box 7942, Madison, WI 53707  
Telephone: (608) 261-6700  
Fax: (608) 267-1400  
<http://www.dwd.state.wi.us/uitax/default>

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04 (1)(m)]. The provision of your social security number is voluntary. Failure to provide your social security number may result in an information processing delay.

The purpose of this report is to provide information about changes to the ownership/operators of a business. (Section 108.16(8), Wisconsin Statutes)

## 1. Former Owner/Operator

Employer Legal Name	WI UI Account Number	Telephone Number (      )
Trade Name	Federal ID Number	Form of Ownership ( <i>Check one</i> ) <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Co. <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other _____
Current Mailing Address (Street or PO Box, City, State, Zip Code)		
Physical Location of Transferred Business		Incorporated in the State of
List Names of Partners, Members or Stockholders	Social Security Number	Ownership Percentage of Each

## 2. New Owner/Operator

Employer Legal Name	WI UI Account Number	Telephone Number (      )
Trade Name	Federal ID Number	Form of Ownership ( <i>Check one</i> ) <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Co. <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other _____
Current Mailing Address (Street or PO Box, City, State, Zip Code)		
List Names of Partners, Members or Stockholders	Social Security Number	Ownership Percentage of Each

## 3. Relationship Between Parties in 1 and 2 Above

Are the parties the same or related (i.e., married; parent/child; common partners/stockholders/officers; parent/subsidiary)?	
<input type="checkbox"/> Yes	If Yes, Identify the relationships(s) _____
<input type="checkbox"/> No	

## 4. Effective Dates

Date Transfer Became Effective	MO.	DAY	YR.	Business <b>LAST</b> operated by <b>FORMER</b> <b>OWNER/OPERATOR</b>	MO.	DAY	YR.	Business <b>FIRST</b> operated by <b>NEW</b> <b>OWNER/OPERATOR</b>	MO.	DAY	YR.
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## 5. Option for New Owner/Operator

You may have an option to acquire the UI experience of the former owner. An application to acquire this experience must be filed by the appropriate due date (see chart to the right).		If the date of change is:	You must apply by:
Check one of the following statements: <input type="checkbox"/> This is an application to acquire the UI account experience. <input type="checkbox"/> New owner does not want to acquire the account experience. <input type="checkbox"/> Request additional information about this option.		Jan. 1 to March 31 April 1 to June 30 July 1 to Sept. 30 Oct. 1 to Dec. 31	July 31 Oct. 31 Jan. 31 April 30

**This Form Must Be Completed on Both Sides and Signed Before Mailing**

**6. Method of Transfer**

- |                                      |                                                |                                                                         |                                                  |
|--------------------------------------|------------------------------------------------|-------------------------------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Sale        | <input type="checkbox"/> Foreclosure           | <input type="checkbox"/> Reorganization ( <i>Change of Legal Form</i> ) | <input type="checkbox"/> Management Contract     |
| <input type="checkbox"/> Lease       | <input type="checkbox"/> Cancellation of Lease | <input type="checkbox"/> Merger or Consolidation                        | <input type="checkbox"/> Sale of Corporate Stock |
| <input type="checkbox"/> Inheritance | <input type="checkbox"/> Bankruptcy Sale       | <input type="checkbox"/> Receivership                                   | <input type="checkbox"/> Other _____             |

**7. Assets Transferred**

- |                                      |                                                |                                                |                                      |
|--------------------------------------|------------------------------------------------|------------------------------------------------|--------------------------------------|
| <input type="checkbox"/> Real Estate | <input type="checkbox"/> Machinery & Equipment | <input type="checkbox"/> Franchises & Licenses | <input type="checkbox"/> None        |
| <input type="checkbox"/> Inventories | <input type="checkbox"/> Furniture & Fixtures  | <input type="checkbox"/> Goodwill              | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Contracts   | <input type="checkbox"/> Accounts Receivable   | <input type="checkbox"/> Customer Lists        | _____                                |

**8. Continuation of Business**

- Has the new owner/operator continued to operate the same business activity: Without interruption? ☐ Yes ☐ No  
In the same location? ☐ Yes ☐ No

If either answer is **No**, explain fully and give address of new location:

**9. Number of Employees**

How many employees worked in the **TRANSFERRED BUSINESS** just prior to transfer? \_\_\_\_\_

How many employees continued with the new/owner operator? \_\_\_\_\_

**10. Identify Nature of Business Transferred**

What specific business activity was transferred?

**11. Total or Partial Transfer**

☐ **Total transfer** of former owner/operator's Wisconsin business operations.

Will the *former owner/operator* continue to have payroll or employees after the transfer date? ☐ Yes ☐ No

If Yes, explain why:

AND estimate last employment date:

☐ **Partial transfer** of former owner/operator's Wisconsin business operations. Under section 108.16 account experience is not transferred to the new owner/operator for most partial transfers.

**12. Required Signature**

Name of Contact Person	Telephone Number (      )	Submitted on behalf of: <input type="checkbox"/> Former Owner/Operator <input type="checkbox"/> New Owner/Operator <input type="checkbox"/> Both
Signature(s)	Date Signed	